

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097831164**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		1				
6		1				
7		1				
8		1				
9						
10						
11						
12						
13						
14						
15						
16		1				
17						
18						
19						
20						
21						
22						
23						
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25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40		1				
41			1			
42				1		
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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84						
85						
86						
87						
88						
89						
90						
91						
92			1			
93				1		
94						
95			1			
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	52	↓		↓
TOTAL CLAIMS			55			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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